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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815 982	04/02/2004	Tan Ba Tran	550-546	7258

TITLE OF INVENTION: DATA TRANSFER BETWEEN AN EXTERNAL DATA SOURCE AND A MEMORY ASSOCIATED WITH A DATA **PROCESSOR**

EXAMINER ART UNIT CLASS-SUBCLASS BATAILLE, PIERRE MICHE 2186 711-100000 02 fC:1501 1409.00 0P 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been frecordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ARM LIMITED Cambridge, United Kingdom Please check the appropriate assignce category or categories (will not be printed on the patent): I nition & Vanderhye or agents at attorneys or agents. If no name is its intention of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 its constant to the patent. If an assignce is identified below, the document has been for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cambridge, United Kingdom Please check the appropriate assignce category or categories (will not be printed on the patent): I lndividual Corporation or other private group entity Gove 4a. The following fee(s) are submitted: A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this	BATAILLE, PI	IERRE MICHE	2186	711-100000				
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5 Change in English Status (from status indicated shous)	4a. The following fee(s) 2 Issue Fee 2 Publication Fee (N	are submitted:	4 permitted)	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car	se first reapply any prev	viously paid issue fee sh	own above)	
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Authorized Signature Date June 29, 2007 Typed or printed name John R. Lastova Registration No. 33, 149	Authorized Signature	100	AR					

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